

Referral Form
Early Hearing Detection and Intervention Program

FAX (517) 335-8036 (Send hearing screen card to MDCH)

Newborn Information

Newborn's Name: _____ Date of Birth: _____

Hospital of Birth: _____

Inpatient Screen Date: _____ **Right Ear:** Pass Refer **Left Ear:** Pass Refer **Method:** AABR OAE

Parent/Guardian Contact Information

Mother's Name: _____

Address: _____

Phone #: (_____)_____ Alternate #: (_____)_____

*******Alternate Contact (Friend/relative/case worker/adoption agency)*******

Name: _____

Address: _____

Phone #: (_____)_____ Alternate #: (_____)_____

Referral Information

☐ Referral to primary care physician for follow-up: Name: _____

Phone #: (_____)_____ Date Schedule: _____

☐ Referral for outpatient re-screening? Site name: _____

Phone #: (_____)_____ Date Schedule: _____

☐ Referral for diagnostic audiological assessment?: Site name: _____

Phone #: (_____)_____ Date Schedule: _____

☐ Other: (Early On, Health Department/CSHCS) County: _____

Rescreen Information

Date: _____

Type of Screen: ☐ AABR ☐ DPOAE ☐ TEOAE ☐ ABR

Risk factor(s) for hearing loss? ☐ Yes ☐ No ☐ Unknown

Referral to audiological diagnostic? ☐ Yes ☐ No

Date audiological evaluation scheduled: _____

Results: RE ☐ Pass ☐ Fail/Refer

LE ☐ Pass ☐ Fail/Refer

Rescreen Site Name: _____

Parental/Guardian Permission

I give my permission to release bilateral referral results to my primary care physician, the Michigan Department of Community Health (MDCH) Early Hearing Detection and Intervention (EHDI) Program, the Michigan Department of Education (MDE), *Early On* ©Michigan, and Children's Special Health Care Services. MDCH/EHDI and *Early On* ©Michigan also have my permission to assist with coordination of follow-up on behalf of my child. Diagnostic, follow-up, and intervention information can be sent to MDCH from participating agencies. Information will not be shared with unauthorized people or agencies not involved in hearing screening follow-up and/or intervention in conjunction with the MDCH Program.

Signature of Parent/Guardian: _____ Date: _____

Updated 1/25/05